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Date: May 9, 2005

To: Brenda H. Pham - Art Unite 2664

Location: United States Patent and Trademark Office

Fax No.: 703.872.9306

From: Indira Saladi - 45,759

Subject: 09/643,502 - KORUS

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MESSAGE:

Enclosed herewith, please find AMENDMENT for filing in the above-identified application.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number		09/643,502	
	Filing Date		08/22/2000	
	First Named Inventor		Korus	
	Group Art Unit		2664	
	Examiner Name		Pham, Brenda H.	
	Attorney Docket Number		CM03704H C01	
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Total Number of Pages in this Submission </div> <div style="width: 70%;"></div> </div>				

ENCLOSURES			(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Indira Saladi	Registration No.	45,759
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